Introduction: Flexible cystoscopy (FC) is a common urology procedure; over 220,000 are performed in UK annually. Urinary tract infection (UTI) is a potential complication with rates varying from 0.8-10%; most requiring antibiotic treatment in primary care. There is on-going debate regarding antibiotic prophylaxis for FC. Our aim was to evaluate the incidence of UTI following FC in our institution ascertaining whether prophylaxis is indicated. Identify the antibiotic profile of causative organisms to guide treatment of post-FC UTIs.
Methods: We retrospectively analysed 288 patients who underwent FC over 3 months. Patients were cross-matched with our microbiology results reporting system (Sunquest-Iceä) to identify those who had a urine sample sent for analysis within 30 days of their procedure.
Results: Of the 288 FCs performed 37 patients (12.8%) had a urine sample sent for microbiology analysis. Twenty-five were from primary care and 15 from hospital with the median time from FC of 15 days. Ten samples showed significant bacterial growth with E. coli predominating. Most were sensitive to cefalexin (75%), nitrofurantoin (100%) or trimethoprim (67%). No organisms had extended antibiotic resistance.
Conclusions: Our incidence of post-FC UTI is 3.47% suggesting prophylaxis is unwarranted. No extended antibiotic resistance was exhibited therefore no changes to antibiotic recommendations are required.

0580: RISKS AND ASSOCIATIONS OF FISH-OIL PRODUCTS WITH PROSTATE CANCER: A STUDY OF 492,283 PARTICIPANTS

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Introduction: The role of fish-oils in inflammation entails potential carcinogenesis inhibition and improved cancer symptoms. This systematic-analysis aims to review evidence for the role of dietary-fish and fish-oil intake in prostate-cancer (PC) risk, aggression and mortality.
Methods: A systematic-review of literature on PC-risk, aggression and mortality associated with dietary-fish and fish-oil intake was conducted through PubMed, MEDLINE and Embase. Outcome-measures (PC-risk, aggression and mortality) were extracted for analysis.
Results: 492,283 (36-studies) participants were investigated. These revealed various relationships regarding PC-risk (n=30), aggression (n=7) and mortality (n=3). Nine studies considering PC-risk demonstrated significant inverse trends with fish or fish-oil intake. One found a dose-response relationship whereas increased long-chain-polyunsaturated-fatty-acids heightened PC-risk ($p=0.014$). Three studies identified a significantly reduced risk of aggressive disease. This applied to greatest intake of total fish (OR 0.56 (95% CI 0.37–0.86)), dark-fish, shellfish-meat ($p<0.0001$), EPA ($p=0.03$) and DHA ($p=0.04$). Three studies investigating fish-consumption and PC-mortality identified significant risk reduction. Multivariate-OR(95% CI); 0.9(0.6-1.7), 0.12(0.05-0.32) and 0.52(0.30-0.91) at greatest measured fish-intakes.
Conclusions: Fish and fish-oil may be important in reducing PC-incidence, aggression and mortality. Results suggest that fish type and fish-oil ratios are significant considerations. Findings demonstrate potential for incorporation into campaigns for primary and secondary prevention.

0604: AN AUDIT OF THE COMPLIANCE OF HARROGATE DISTRICT HOSPITAL'S CURRENT POST VASECTOMY CLEARANCE SERVICE

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Introduction: A vasectomy is a common procedure and our current guidelines taken from BAS 2002 require 2 negative sperm samples for clearance, at 16 and 18 weeks post-operatively. Multiple posted samples were reported as “scanty”, resulting in further samples needed for clearance. We aim to quantify this enabling us to implement change to improve efficiency and reduce laboratory workload.
Methods: All of the patients who underwent a vasectomy from April 2012 to March 2013 were included. We analysed the time of the first and second sperm samples, the number of samples provided per patient and time to clearance.
Results: 101 patients had a vasectomy and 6 were excluded. Of the 95 patients 34% gave 1 or no samples and only 24% were cleared by 20 weeks. 25% had 2 consecutive scanty results and only 8% gave a fresh sperm sample.
Conclusions: A high proportion of patients are not sending any specimens, while those that do often have to send multiple specimens due to scanty results. We propose a simpler system to improve compliance and shorten the time to clearance: 1 posted sample at 12 weeks followed by a fresh sample if positive, in line with the EAU Guidelines 2012.

0641: READMISSION AND COMPLICATIONS FOLLOWING TRANSRECTAL ULTRASOUND GUIDED PROSTATE BIOPSY

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Introduction: Prostate cancer is the most commonly diagnosed cancer in men in the UK. Transrectal ultrasound guided prostate biopsy (TRUSGPb) forms the mainstay of diagnosis. Although considered low-risk serious complications of bleeding and infection can result in hospitalisation and mortality has been recorded. We evaluated our TRUSGPb over a 2yr period and those admitted to hospital within 30 days with a biopsy related complication.
Methods: A total of 810 patients underwent TRUSGPb in a two-year period. Clinical coding computer systems identified those patients admitted within 30 days. Clinical notes were used to ascertain reason for admission and any biopsy related morbidity.
Results: Of the 810 patients undergoing biopsy 44 (5.4%) were admitted within 30 days. Thirty (3.7%) were admitted with a TRUSGPb related morbidity. The average time from biopsy to admission was 6 days and the average length of stay was 3 days. Nine (1.1%) were admitted with infection, eight (1.0%) with urinary retention, seven (0.86%) with haematuria, four (0.49%) with rectal bleeding and 2 (0.25%) with blocked urethral catheter.
Conclusions: Our incidence of TRUSGPb related complications requiring hospitalisation is 3.7% with infection and bleeding predominating. No mortality was recorded indicating TRUSGPb continues to be a safe procedure.

0748: HOW SAFE IS IT NOT TO FOLLOW UP BOSNIAK 2 CYSTS?

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Introduction: Bosniak 2 renal cysts have been a subject of much debate regarding follow up because of their malignant potential. There is a paucity of published data on long term follow up and if they need it.
Methods: We reviewed the details of 56 patients who were prospectively followed up for incidentally detected Bosniak type 2 cysts since 2007. Of the 56 patients 34 patients were included in the analysis. The others were lost to follow up or died before 5 years. All the patients had an initial CT followed by an annual USS. Mean age was 69 years. 19 were male and 15 female patients.
Results: After a mean follow up was 5 years, the cysts in all the patients have remained stable with no change in Bosniak classification. There was a slight increase in the cyst dimensions in 4 and decrease in 2 patients. All the patients have now been discharged.
Conclusions: Our study has shown that all Bosniak 2 cysts have remained unchanged over 5 years suggesting that they do not necessarily need follow up provided a baseline pre and post-contrast CT has been performed to accurately characterize them.

0776: EARLY OUTCOMES FOR THE FIRST PATIENTS WITHIN A 2-ARM RANDOMIZED AND PARALLEL SLING-VERSUS-SPHINCTER FEASIBILITY PROTOCOL

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Introduction: Surgical options for men with stress urinary incontinence (SUI) after radical prostatectomy are male sling or artificial urinary sphincter (AUS). No randomized controlled trials are available to compare these interventions. The Sling-versus-Sphincter (SVS) feasibility protocol was designed to assess potential for a randomized multicenter study.
Methods: All post prostatectomy SUI patients referred from Feb-Oct 2013 were assessed for eligibility. Objective assessment included 24h pad weight and urodynamics. Subjective assessment was based on self-reported questionnaires (ICIQMLUTS, EQ5D, PGI-I). Severe incontinence was considered pad weight >400mls. Patients were treated with the AMSAdVance sling or AMS800 AUS.